

Please complete **both sides** of this application and return to your child's school

Athletic Director by deadline of **February 23, 2022.**

THANK YOU.

League fee: \$60.00 _____ **cash or** _____ **check enclosed**

Participant's Name: _____ Grade: _____

Parent's Name: _____ Phone Number: _____

T-SHIRT: I returned my golf team golf t-shirt from last year: yes _____ no _____

I need a team golf t-shirt this year — size: (circle one) Youth Medium / Youth Large /
Adult Small / Adult Medium / Adult Large

PICTURES: I hereby give permission for my son/daughter to be photographed at golf practice/
competition during golf league.

_____ **Yes, I give permission** Parent Signature: _____

Parent email address: _____

_____ No, I do NOT give permission

VOLUNTEERS: I would like to volunteer to be a chaperone for our school team

_____ yes, I would be available _____ no, I am unable to this year.

There are no make up dates for inclement weather.



2022 Junior High Catholic League

TEAMS OF **7TH & 8TH** GRADE

GIRLS & BOYS

WITH 2 OR MORE PLAYERS

FROM EACH SCHOOL.

CONTACT YOUR SCHOOL'S

ATHLETIC DIRECTOR



LINCOLN JUNIOR HIGH

CATHOLIC LEAGUE:

● **Location:**

Pine Lake Golf Course

● **When:** Wednesdays

● **Time:** 4:00—5:30 pm

● **Dates:** 5 weeks

March 30 — Practice

April 6 — Practice

April 13 — Play

April 20 — Play

April 27—Play & Awards

Application Deadline:

February 23, 2022

PARENT CONSENT FORM

I hereby give my permission for _____ to participate in the
(Student-athlete)

Lincoln Catholic Junior High Golf League on the (check one) _____7th grade _____8th grade team.

We do assume all the risks and hazards incidental to the conduct of the activity, including practice, transportation to and from activities and we do further release, absolve, indemnify and hold harmless the Lincoln Catholic Athletic League including my student's school, all its employees, and the league coordinator and volunteers from all claims on account of any injuries which may be sustained by my son/daughter as a result of such injuries. If medical attention is required for injury or illness while at camp, I give permission for such medical care.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

